

Steering integrated care in England and the Netherlands: the case of dementia care : a neo-institutionalist comparative study

Citation for published version (APA):

Kümpers, S. N. S. (2005). *Steering integrated care in England and the Netherlands: the case of dementia care : a neo-institutionalist comparative study*. [Doctoral Thesis, Maastricht University]. Maastricht University. <https://doi.org/10.26481/dis.20050519sk>

Document status and date:

Published: 01/01/2005

DOI:

[10.26481/dis.20050519sk](https://doi.org/10.26481/dis.20050519sk)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

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STATEMENTS

on the basis of the thesis:

Steering integrated care in
England and The Netherlands:
The case of dementia care

A neo-institutionalist comparative study

by

Susanne Nicola Sophie Kümpers

Maastricht, May 19th 2005

1. Complexity and fragmentation are inherent to post-modern societies, and by no means unique to the field of health and social care. Whilst they cannot be eliminated, their effects have to be managed. *(this dissertation)*
2. Governments' capacity to implement changes does not equate successful steering. Unintended consequences highlight the underestimated complexity and limited controllability of social systems. *(this dissertation)*
3. Successful policy-making for complex problems such as integrated care requires more than goodwill; it, too, needs thorough understanding of the institutional context, power, wisdom as well as the – unpredictable – emergence of advantageous situations, which together create 'windows of opportunity'. *(this dissertation)*
4. Managerial and professional networks at local level are the social capital of integrated care – they have to be cherished and nurtured. *(this dissertation)*
5. Since implementation of national policies at local level is locally path dependent, one cannot expect uniform implementation of policy programmes in all places. *(this dissertation)*
6. Innovative projects in dementia care that fail to emphasise knowledge transfer and integration between specialist and generic services, cannot handle the widespread problems of quality and competence and will be less effective in delivering integrated care. *(this dissertation)*

7. An unexpected difference in dementia care between England and The Netherlands is that in The Netherlands the empowerment aspects of care and support tend to aim at carers rather than patients, while in England the emphasis also includes patients – sometimes at the expense of the carer. (*this dissertation*)
8. Differences tend to attract the focus of attention in comparative research, but easily avert attention from significant similarities. (*this dissertation*)
9. To share the world of a person with dementia resembles the process of exploring phenomena in other countries: one has to learn the other's viewpoint as the starting point for understanding.
10. Cross-national research gives the opportunity of comparative and meta-perspectives to the researcher, making his or her viewpoint wider, richer, more colourful and varied.
11. A good way to combat national bias in comparative research, in this case on integrated care, is to ask a foreigner to do it – for example to ask a German to compare England and The Netherlands.